

**Interim Designation of Agent to Receive Notification  
of Claimed Infringement**

**Full Legal Name of Service Provider:** Byron Area Schools

**Alternative Name(s) of Service Provider (including all names under which the service provider is doing business):** \_\_\_\_\_

**Address of Service Provider:** 312 W. Maple Avenue, Byron, MI 48418

**Name of Agent Designated to Receive  
Notification of Claimed Infringement:** Dr. Mark E. Miller, Superintendent

**Full Address of Designated Agent to which Notification Should be Sent** (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):  
312 W. Maple Avenue, Byron, MI 48418

**Telephone Number of Designated Agent:** 810-266-4881

**Facsimile Number of Designated Agent:** 810-266-5723

**Email Address of Designated Agent:** miller@byron.k12.mi.us

**Signature of Designating Service Provider:**  
\_\_\_\_\_  
**Date:** November 6, 2003

**Typed or Printed Name and Title:** Dr. Mark E. Miller, Superintendent

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee  
Made Payable to the Register of Copyrights.**

**RECEIVED**

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